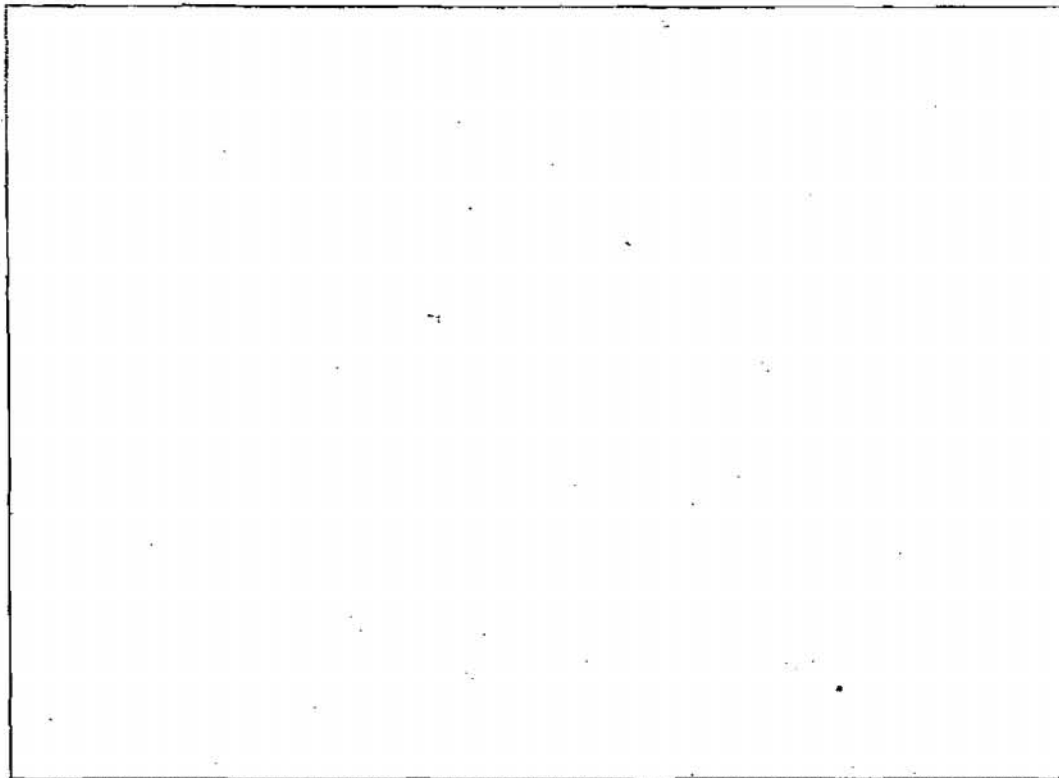


Appendix A
Survey of Occupational Injuries and Illnesses
2004 Survey Form

Survey of Occupational Injuries and Illnesses, 2004



U.S. Department of Labor
Bureau of Labor Statistics



Please correct your company address as needed

Dear Employer:

This survey asks employers to provide information about occupational injuries and illnesses based upon the information you have maintained for Calendar Year 2004 on your *OSHA Forms for Recording Work-Related Injuries and Illnesses*. Copies of these forms were mailed to you in late 2003. Although participation in this survey is mandatory under Public Law 91-596, we have made every effort to reduce the amount of time required wherever possible and still collect the necessary information. To the full extent permitted by law, this information will be held in confidence and be used only for statistical purposes. Contact information is included for each State to provide you with assistance in completing this survey.

For your convenience, you can submit your survey response online at <https://idcf.bls.gov>

Bureau of Labor Statistics
U.S. Department of Labor



We estimate it will take you an average of 24 minutes to complete this survey (ranging from 10 minutes in a large per package), including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding the estimates or any other aspect of this survey, including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Occupational Safety and Health Statistics (1220-0045), 2 Massachusetts Avenue, N.E., Washington, DC 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. **DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS.**



The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.

OMB No. 1220-0045
Approval expires 08-31-07
BLS-9300 N06

EB_1

Who must complete the Survey of Occupational Injuries and Illnesses?

Under Public Law 91-596, all establishments that receive this survey must complete and return it within 30 days, even if they had no work-related injuries and illnesses during 2004.

What do you need to do?

- **Identify the Reporting Site** referred to on the front cover. Complete this survey **only** for the establishment(s) noted on the front cover under **Reporting Site**.
- **Check Your Company Address** printed on the front cover. Make any necessary corrections directly on the front cover.
- **Refer to your Reporting Site's OSHA Forms for Recording Work-Related Injuries and Illnesses.** Copies of these forms were mailed to you in late 2003.
 - your 2004 *Log of Work-Related Injuries and Illnesses* (OSHA Form 300),
 - your 2004 *Summary of Work-Related Injuries and Illnesses* (OSHA Form 300A), and
 - your supplemental records of cases with days away from work (OSHA Form 301 or an equivalent).
- **Complete Part 1A and Part 1B.** You can either photocopy your OSHA Form 300A or you can transcribe the entries noted below from your OSHA Form 300A to this survey form.

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor
Occupational Safety and Health Administration

Year 20

For establishments covered by Part 1904, you must complete this Summary page, unless you were covered by a state or territory occupational safety and health plan that requires you to submit a separate summary page. If you were covered by a state or territory occupational safety and health plan, you must submit this Summary page, unless you were covered by a state or territory occupational safety and health plan that requires you to submit a separate summary page. If you were covered by a state or territory occupational safety and health plan, you must submit this Summary page, unless you were covered by a state or territory occupational safety and health plan that requires you to submit a separate summary page.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
02	04	06	10

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
00	00

Injury and Illness Types

Total number of cases	
(A) Injuries	(B) Illnesses
(1) Skin disorders	(2) Respiratory conditions
(3) Poisonings	(4) Other
(5) Skin disorders	(6) Respiratory conditions
(7) Poisonings	(8) Other

Please check this Summary page from February 1 to April 30 of the year following the year covered by the form.

Part 1904 establishments that are required to submit a separate summary page must submit this Summary page, unless they were covered by a state or territory occupational safety and health plan that requires them to submit a separate summary page. If you were covered by a state or territory occupational safety and health plan, you must submit this Summary page, unless you were covered by a state or territory occupational safety and health plan that requires you to submit a separate summary page.

Establishment Information

Your establishment's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Industry description (e.g., manufacturing, construction, etc.): _____

Standard Industrial Classification (SIC) if known (e.g., 20, 3723): _____

NAICS if known (e.g., 20, 3723): _____

Employment Information (If you are a sole proprietor, owner, or partner, check the box below.)

Number of employees: _____

Number of employees at the time of the incident: _____

Signature: _____

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Date: _____

Copy this information to Part 1B of this survey form.

Copy this information to Part 1A of this survey form.

- **Complete Part 2: Reporting Cases with Days Away from Work** if your establishment had any worker injuries or illnesses that resulted in days away from work in 2004.
- **Write the name of the contact person** we should call with questions in **Contact Information** on the back cover of this booklet.
- **Return this survey booklet** and any attachments in the enclosed envelope within 30 days of the date your establishment received it.

Part 1A. Establishment Information

Using your completed Calendar Year 2004 *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)*, copy the establishment information into the boxes below. If more than one establishment is noted on the front cover under **Reporting Site**, add together the total lines from each specified establishment's OSHA Form 300A to complete the 2004 totals for all establishments. Then copy those totals into the corresponding spaces below. If these numbers are not available on your OSHA Form 300A, or if your establishment does not keep records needed to answer (1) and (2) below, you can estimate using the steps that follow.

1. For the reporting site identified on the cover:
Enter the annual average employment for 2004.
(You can copy this from your OSHA Form 300A.)

Annual average number
of employees for 2004

If needed: Steps to estimate employment

STEP 1: Add the number of employees your establishment paid in every pay period during 2004. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

Acme Construction pays its employees 26 times each year.
During 2004,

In this pay period	Acme paid this many employees
1	10
2	0
3	15
4	15
25	15
26	10
	830 (sum)

STEP 2: Divide the sum by the number of pay periods your establishment had in 2004. Include any pay periods when you had no employees.

Because Acme has 26 pay periods, it would divide its sum by 26.
 $830 \text{ divided by } 26 = 31.92$

STEP 3: Round the answer to the next highest whole number. Write the rounded number in the box marked Annual average number of employees.

Acme would round 31.92 to 32 and write that number in the box marked Annual average number of employees.

2. For the reporting site identified on the cover:
Enter the total hours worked for 2004.
(You can copy this from your OSHA Form 300A.)

Total hours worked
by all employees in 2004

Note: Total Hours Worked should exclude vacation, sick leave, holidays, and other non-work time.

If needed: Steps to estimate total hours worked

STEP 1: Find the number of full-time employees in your establishment for 2004.

ABC Company had 15 full-time employees during 2004.

STEP 2: Multiply this number by the number of hours worked for a full-time employee in a year. This is equal to the number of full-time hours worked.

ABC Company's 15 full-time employees worked an average of about 1,760 hours per year after excluding vacation, sick leave, holidays, and other non-work time. (The hours worked for a full-time employee in a year may be different at your reporting site.)

15 (full-time employees) times 1,760 (hours worked by a full-time employee in a year) equals 26,400 full-time hours.

STEP 3: Add the number of any overtime hours and the number of hours worked by other employees (part-time, temporary, seasonal) to the amount in Step 2.

ABC Company's full-time employees worked a total of 1,500 hours of overtime. In addition, 3 part-time employees worked a total of 2,715 hours during 2004. Adding these hours to those from Step 2:

Full-time hours from Step 2	26,400
Overtime hours	+ 1,500
Part-time hours	+ 2,715
Total hours worked by all employees in 2004	= 30,615

3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2004:

- | | |
|---|--|
| <input type="checkbox"/> Strike or lockout | <input type="checkbox"/> Shorter work schedules or fewer pay periods than usual |
| <input type="checkbox"/> Shutdown or layoff | <input type="checkbox"/> Longer work schedules or more pay periods than usual |
| <input type="checkbox"/> Seasonal work | <input type="checkbox"/> Other reason: _____ |
| <input type="checkbox"/> Natural disaster or adverse weather conditions | <input type="checkbox"/> Nothing unusual happened to affect our employment or hours figures. |

Did you have ANY occupational injuries or illnesses during 2004?

- ☐ Yes. Go to **Part 1B: Summary of Work-Related Injuries and Illnesses, 2004** directly below.
- ☐ No. Go to **Contact Information** on the back cover.

Part 1B: Summary of Work Related Injuries and Illnesses, 2004

Using your completed Calendar Year 2004 *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)*, copy the establishment summary information into the spaces below. **Note:** If an employee is still away from work because of the injury or illness when you prepare the annual summary, estimate the total number of calendar days (up to 180) you expect the employee to be away from work, and use this number to calculate the total for the annual summary.

- 1 If more than one establishment is noted on the front cover under **Reporting Site**, add together the total lines from each specified establishment's OSHA Form 300A to complete the 2004 totals for all establishments. Then copy those totals into the corresponding spaces below.
- 2 If you prefer, you may enclose a photocopy of your *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)*. If more than one establishment is noted on the front cover under **Reporting Site**, be sure to include the OSHA Form 300A for all of the specified establishments.
- 3 If any total is zero on your OSHA Form 300A, write "0" in that total's space below.

Number of Cases

Total number of
deaths

(G)

Total number of
cases with days
away from work

(H)

Total number of
cases with job
transfer or restriction

(I)

Total number of
other recordable
cases

(J)

Number of Days

Total number of days
away from work

(K)

Total number of days of
job transfer or restriction

(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries

(2) Skin disorders

(3) Respiratory conditions

(4) Poisonings

(5) Hearing loss

(6) All other illnesses

- The total **Number of Cases** recorded above in G + H + I + J must equal the total **Injury and Illness Types** recorded above in M (1 + 2 + 3 + 4 + 5 + 6).
- If you had any work-related deaths in 2004, please tell us on the lines below where you assigned/classified each death within the list of items (M1) through (M6) provided under section **Injury and Illness Type** above (e.g., "fatal case was due to injury resulting from fall" or "death resulted from respiratory conditions").

Before you continue...

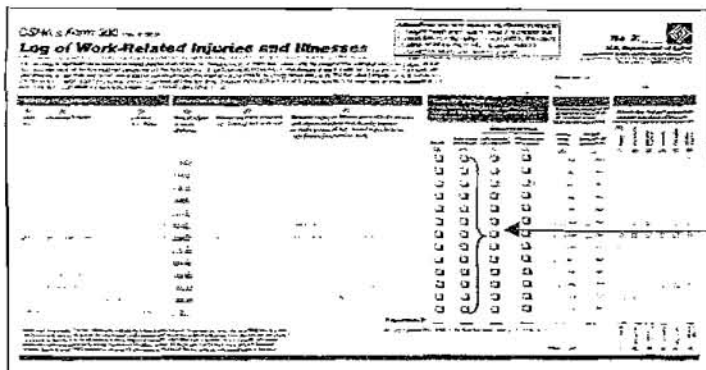
Look at the total **Number of Cases** you entered in Column H above.

- If you had **NO** cases in Column H, you are finished with the survey. Go to **Contact Information** on the Back Cover.
- If you had cases in Column H, go to **Part 2: Reporting Cases with Days Away from Work**.

Part 2: Reporting Cases with Days Away from Work

This part of the survey asks you about individual injuries and illnesses that resulted in an employee being away from work. Several copies of the form *Case with Days Away from Work* are included. To answer the questions on this form, you'll need:

- ▶ your completed copy of the 2004 *Log* (OSHA Form 300)



Part 2 asks about injuries or illnesses with a check in Column H of your Log.

- ▶ your completed copies of supplementary documents about the case, such as a workers' compensation report, an accident report, an insurance form, or the *Injury and Illness Incident Report* (OSHA Form 301).

Which cases should you report?

To identify the individual cases to report, follow these steps:

- 1 Go to your completed 2004 OSHA Form 300. If more than one establishment is noted on the front cover under Reporting Site, be sure to look at all your OSHA Form 300's to find which cases to report.
- 2 Mark each case that has a check in column (H) on the *Log* (OSHA Form 300). These are the **only** cases you should report.
- 3 We have designed this survey to ensure that you do not have to report more than approximately 30 cases. If you have significantly more than 30 cases, please go to *If You Need Help...* at the back of this booklet and call the phone number listed for your State for assistance.
- 4 Fill out one *Case with Days Away from Work* form for each case that you identified in Step 2. You can find most of the information on a supplementary document such as a workers' compensation report, an accident report, an insurance form, or the *Injury and Illness Incident Report* (OSHA Form 301).

(If you need more *Case with Days Away from Work* forms, you may either photocopy a blank one or go to *If You Need Help...* at the back of this booklet and call the phone number listed for your State).
- 5 When you have finished, proceed to *Contact Information* on the back cover of this booklet.

Case with Days Away from Work

Tell us about a 2004 occupational injury or illness **only** if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of **Part 2: Reporting Cases with Days Away from Work**.

Tell us about the Case

Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

Employee's name (column B)	Job title (column C)	Date of injury or onset of illness (column D)	Number of days away from work (column K)	Number of days of job transfer or restriction (column L)
		/ /04 month day year		

Tell us about the Employee

1. Check the category which **best** describes the employee's regular type of job or work: (optional)

- | | |
|---|---|
| <input type="checkbox"/> Office, professional, business, or management staff | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Delivery or driving |
| <input type="checkbox"/> Product assembly, product manufacture | <input type="checkbox"/> Food service |
| <input type="checkbox"/> Repair, installation or service of machines, equipment | <input type="checkbox"/> Cleaning, maintenance of building, grounds |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Material handling (e.g. stocking, loading/unloading, moving, etc.) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Farming |

2. Employee's race or ethnic background: (optional-check one or more)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Not available

NOTE: You may either answer questions (3) to (11) or attach a copy of a supplementary document that answers them.

3. Employee's age: _____ OR date of birth: _____ / _____ / _____
month day year

4. Employee's date hired: _____ / _____ / _____
month day year

OR check length of service at establishment when incident occurred:

- ☐ Less than 3 months
☐ From 3 to 11 months
☐ From 1 to 5 years
☐ More than 5 years

5. Employee's sex

- ☐ Male
☐ Female

Tell us about the Incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. Time employee began work: _____ ☐ am ☐ pm

7. Time of event: _____ ☐ am ☐ pm OR ☐ Check if time cannot be determined

Event occurred: ☐ before ☐ during ☐ after work shift

8. What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

9. What happened? Tell us how the injury or illness occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

10. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

11. What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

N	P	S	E	SS	OCC
---	---	---	---	----	-----

Contact Information

Fill in the name, title, and phone number of the person we should call with questions about the survey.

Printed Name _____

Telephone number _____

Ext. _____

Fax number _____

Title _____

Today's date _____

Use the return envelope to send us the **entire package** — everything that we sent you — within 30 days of the date your establishment received it. If the return envelope is missing, send the **entire package** to the return address on the front cover (look for *Address for Return Envelope*).

If you Need Help . . .

If you have any questions or if you need help completing this survey, call the phone number that is listed below for your State. The phone number may be for an office outside your State, but they will be able to help you. If you prefer to write, send your letter to the return address on the front of this package.

Alabama

(334) 242-3460
(334) 240-3417 fax

Alaska

(907) 465-4539
(907) 465-2101 fax

Arizona

(602) 542-3739
(602) 542-6360 fax

Arkansas

(501) 682-4542
(501) 682-4754 fax

California

(415) 703-3020
(415) 703-3029 fax

Colorado

(816) 426-2483
(816) 426-7774 fax

Connecticut

(860) 566-4380
(860) 566-1731 fax

Delaware

(302) 761-8221
(302) 761-6605 fax

District of Columbia

(202) 442-5920, 5923
(202) 442-4833 fax

Florida

(850) 413-1611
(800) 219-8953 (in FL)
(850) 922-0024 fax

Georgia

(404) 679-1746, 1747
(404) 679-5818 fax

Guam

(671) 647-6521
(671) 647-6516 fax

Hawaii

(808) 586-9001
(808) 586-9022 fax

Idaho

(415) 975-4473
(415) 975-4472 fax

Illinois

(217) 524-2098
(217) 557-5152 fax

Indiana

(317) 232-2668
(317) 233-3790 fax

Iowa

(515) 281-3618
(515) 242-5076 fax

Kansas

(785) 296-1640
(785) 296-5286 fax

Kentucky

(502) 564-3070
ext. 277
(502) 564-1682 fax

Louisiana

(225) 342-3126
(225) 342-3269 fax

Maine

(207) 624-6453
(207) 624-6450 fax

Maryland

(410) 767-2371, 2373
(410) 333-7909 fax

Massachusetts

(617) 727-3593
(617) 727-5726 fax

Michigan

(517) 322-1848
(517) 322-5117 fax

Minnesota

(651) 284-5428
(888) 589-6322
(651) 284-5726 fax

Mississippi

(404) 562-2518
(404) 562-2542 fax

Missouri

(573) 751-2719, 2663, 3802
(573) 751-2319 fax

Montana

(800) 541-3904

Nebraska

(402) 471-3547
(800) 599-5155
(402) 742-2352 fax

Nevada

(775) 684-7081, 7083
(775) 687-3826 fax

New Hampshire

(617) 565-2302
(617) 565-3847 fax

New Jersey

(609) 633-0755
(609) 633-0618 fax

New Mexico

(505) 827-4230 ext. 116, 118, 120
(505) 476-8566 fax

New York

(212) 352-6688, 6690, 6691, 6707

North Carolina

(919) 733-2758
(919) 733-2186 fax

North Dakota

(312) 353-7253
(312) 353-7230 fax

Ohio

(312) 353-7253
(312) 353-7230 fax

Oklahoma

(405) 528-1500 ext. 236, 257
(405) 528-3412 fax

Oregon

(503) 947-7030
(503) 378-3134 fax

Pennsylvania

(215) 861-5637, 5638
(215) 861-5736 fax

Puerto Rico

(787) 754-2467
(787) 756-1116 fax

Rhode Island

(401) 462-8820
(401) 462-8766 fax

South Carolina

(803) 896-7683, 7659
(803) 896-7670 fax

South Dakota

(312) 353-7253
(312) 353-7230 fax

Tennessee

(800) 778-3966
(615) 741-1748
(615) 253-5501 fax

Texas

(866) 237-6405
(512) 804-4652 fax

Utah

(801) 530-6926, 6823
(801) 536-7906 fax

Vermont

(802) 828-5076
(802) 828-2195 fax

Virgin Islands

(340) 776-3700 ext. 2135
(340) 777-4803 fax

Virginia

(804) 786-8011
(804) 786-8418 fax

Washington

(360) 902-5640
(360) 902-5529 fax

West Virginia

(304) 558-3322
(800) 652-9033
(304) 558-0301 fax

Wisconsin

(800) 884-1273

Wyoming

(866) 518-6680
(307) 473-3863 fax

Appendix B

OSHA Recordkeeping Guidelines

An Overview: Recording Work-Related Injuries and Illnesses

The Occupational Safety and Health (OSH) Act of 1970 requires certain employers to prepare and maintain records of work-related injuries and illnesses. Use these definitions when you classify cases on the Log. OSHA's recordkeeping regulation (see 29 CFR Part 1904) provides more information about the definitions below.

The *Log of Work-Related Injuries and Illnesses* (Form 300) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened. The *Summary* — a separate form (Form 300A) — shows the totals for the year in each category. At the end of the year, post the *Summary* in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace.

Employers must keep a *Log* for each establishment or site. If you have more than one establishment, you must keep a separate *Log* and *Summary* for each physical location that is expected to be in operation for one year or longer.

Note that your employees have the right to review your injury and illness records. For more information, see 29 Code of Federal Regulations Part 1904.35, *Employee Involvement*.

Cases listed on the *Log of Work-Related Injuries and Illnesses* are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on the *Log* does not mean that the employer or worker was at fault or that an OSHA standard was violated.

When is an injury or illness considered work-related?

An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is

presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CFR Part 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29 CFR Part 1904.5(b)(1).

Which work-related injuries and illnesses should you record?

Record those work-related injuries and illnesses that result in:

- ▼ death,
- ▼ loss of consciousness,
- ▼ days away from work,
- ▼ restricted work activity or job transfer, or
- ▼ medical treatment beyond first aid.

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7.

What are the additional criteria?

You must record the following conditions when they are work-related:

- ▼ any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
- ▼ any case requiring an employee to be medically removed under the requirements of an OSHA health standard;
- ▼ tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis.
- ▼ an employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are NOT recordable:

- ▼ visits to a doctor or health care professional solely for observation or counseling;

What do you need to do?

1. Within 7 calendar days after you receive information about a case, decide if the case is recordable under the OSHA recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing one.
3. Establish whether the case was work-related.
4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.

You may use OSHA's 301: *Injury and Illness Incident Report* or an equivalent form. Some state workers compensation, insurance, or other reports may be acceptable substitutes, as long as they provide the same information as the OSHA 301.

How to work with the Log

1. Identify the employee involved unless it is a privacy concern case as describe below.
2. Identify when and where the case occurred.
3. Describe the case, as specifically as you can.
4. Classify the seriousness of the case by recording the most serious outcome associated with the case, with column (Death) being the most serious and column j (Other recordable cases) being the least serious.
5. Identify whether the case is an injury or illness. If the case is an injury, check the injury category. If the case is an illness, check the appropriate illness category.



- ▼ diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and
- ▼ any procedure that can be labeled first aid.
(See below for more information about first aid.)

What is first aid?

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves only:

- ▼ using non-prescription medications at non-prescription strength;
- ▼ administering tetanus immunizations;
- ▼ cleaning, flushing, or soaking wounds on the skin surface;
- ▼ using wound coverings, such as bandages, BandAids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages;
- ▼ using hot or cold therapy;
- ▼ using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- ▼ using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards);
- ▼ drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- ▼ using eye patches;
- ▼ using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- ▼ using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;
- ▼ using finger guards;
- ▼ using massages;
- ▼ drinking fluids to relieve heat stress

How do you decide if the case involved restricted work?

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

How do you count the number of days of restricted work activity or the number of days away from work?

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day after the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

Under what circumstances should you NOT enter the employee's name on the OSHA Form 300?

You must consider the following types of injuries or illnesses to be privacy concern cases:

- ▼ an injury or illness to an intimate body part or to the reproductive system,
 - ▼ an injury or illness resulting from a sexual assault,
 - ▼ a mental illness,
 - ▼ a case of HIV infection, hepatitis, or tuberculosis,
 - ▼ a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part 1904.8 for definition), and
 - ▼ other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.
- You must not enter the employee's name on the OSHA 300 Log for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of

the injury or illness, but you do not need to include details of an intimate or private nature.

What if the outcome changes after you record the case?

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying Injuries

An injury is any wound or damage to the body resulting from an event in the work environment.

Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, clipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.



Classifying illnesses

Skin diseases or disorders

Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters, chrome ulcers; inflammation of the skin.

Respiratory conditions

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

Examples: Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADSD), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.

Poisoning

Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

Examples: Poisoning by lead, mercury,

cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals, such as formaldehyde.

Hearing Loss

Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear at 2000, 3000 and 4000 hertz, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

All other illnesses

All other occupational illnesses.

Examples: Heartstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

When must you post the Summary?

You must post the *Summary* only — not the *Log* — by February 1 of the year following the year covered by the form and keep it posted until April 30 of that year.

How long must you keep the Log and Summary on file?

You must keep the *Log* and *Summary* for 5 years following the year to which they pertain.

Do you have to send these forms to OSHA at the end of the year?

No. You do not have to send the completed forms to OSHA unless specifically asked to do so.

How can we help you?

If you have a question about how to fill out the *Log*,

- ☐ visit us online at www.osha.gov or
- ☐ call your local OSHA office.